ROYAL PHARMACEUTICAL SOCIETY

POST-REGISTRATION FOUNDATION

CLINICAL ASSESSMENT SKILLS: ADDITIONAL GUIDANCE

Purpose & background

Following wide engagement with the post-registration foundation (PRF) forum, this additional guidance on the core clinical assessment skills (CAS) defined in the post-registration Foundation curriculum here has been created. The guidance clarifies the level of evidence required to demonstrate any core CAS under assessment in the PRF credentialing assessment. All pharmacists credentialed at this level need to have successfully demonstrated competence in these skills to be credentialed by the RPS.

For integrated programmes, candidates must provide **three** Direct Observation of Practical Skills (DOPS) for each clinical assessment skill demonstrating competence. These should have been completed over a longitudinal period over the course of the training programme to demonstrate competence over a period of time.

For modular programmes, candidates can demonstrate they can competently perform each skill through certification of previous training; candidates will annotate which core CAS has been assessed by an accredited Independent Prescribing (IP) course within the eportfolio and these will be verified organisationally with the accredited provider by the RPS. Assessors will then only assess the core CAS that have **not** been assessed by the accredited IP course. Any outstanding core CAS will then be assessed via Direct Observation of Practical Skills (DOPS) as described above for integrated programmes and as per the assessment blueprint.

Assessment guidance

The minimum level for each clinical assessment skill is: 'Able to perform the procedure safely and competently with limited supervision/assistance'.

Minimally safe level of competence over a time period: Candidates need to learn how to carry out the procedure competently and demonstrate they are able to repeat the skill at the safe minimal level, over a period of time i.e. demonstrating continuing competence. Candidates should ideally demonstrate that they have integrated the procedure into their practice at a 'does' level. Simulation may be used to demonstrate competence where it is not practically possible to observe practice in an authentic workplace setting. Candidates must be able to outline the indications for these assessments, demonstrate the correct technique, follow the appropriate procedures for gaining valid consent, and perform the assessments in an appropriate setting, taking account of confidentiality, dignity, and respect, in the best interests of the patient.

Single, one-off demonstrations of competence will not be adequate to demonstrate longitudinal competence.

Number of skills recorded on DOPS forms: The DOPS form is designed for one discrete procedural skill to be evidenced at a time and should, ideally, be used as such going forwards. However, if several skills discrete skills have already been observed and evidenced at the same time using a single DOPs form, this will be acceptable within if the portfolio if the standards for all the skills have been met at the same level. However, it is not acceptable to have a DOPS form with a mixture of skills where some have met the standard and others have not.

Core Clinical Assessment Skill	Minimal acceptable standard for RPS credentialing
Blood pressure	• Use either a manual **or** automated device to monitor blood pressure is acceptable
Heart rate **Rhythm (pulse)**	• Measure heart rate using a manual method **or** automated device • Rhythm (pulse): Manual method to feel for pulse – able to identify if pulse is regular / irregular / missed beats • ECG reading interpretation is **not** required
Temperature	• Take a temperature reading and interpret
Respiratory rate	• Take a respiratory rate and interpret
Peak expiratory flow rate	• Take a peak expiratory flow rate and interpret
Chest (respiratory) examination	• Includes inspection, palpation, percussion and listening to breath sounds using a stethoscope

Ear, nose and throat examination	• ENT examinations can be evidenced using either:
	  ○ A single DOPS form for the examination of the ear, nose and throat together
	  ○ Separate DOPs forms for the examination of the ear, nose and throat separately
	
	Ear: Otoscopy
	
	Nasal: Pen torch examination of nasal anatomy
	
	Throat:
	
	• Lymph node examination, facial sinus palpation
	• Looking for obstruction

	• Tonsils - Pen torch examination of pharyngeal anatomy and applying the CENTOR criteria (cough, exudate, nodes, temperature, age – to identify likelihood of bacterial infection and decrease empirical use of antibiotics)
Peripheral oxygen saturation	• Pulse oximetry and interpretation
Urinalysis	• Interpretation of results only; handling of urine samples not required
Height, weight, body mass index	• Height – e.g. Stadiometer • Weight – e.g. using weighing chairs / scales • BMI calculation or read off a nomogram
Blood glucose (capillary)	• Interpretation of results only; handling of blood samples not required
Calculate National Early Warning Score 2 to identify deteriorating patients	• Candidates must **calculate** National Early Warning Score 2 ○ (Respiratory rate, O2 Saturation, Supplementary O2, Temperature, Systolic Blood Pressure, Heart rate, level of consciousness / Voice / Pain / Alert / new confusion) • NEWS is an escalation tool and measurements must therefore be taken at the time of calculation. Using previously recorded measurements to calculate a post-hoc NEWS score is not appropriate. • Evidence from NEWS can be used to demonstrate the other CAS.
Mental and cognitive state examination	• Use of the appropriate (validated) tool at the right time • Examples of potential tools: PHQ9, GAD7, MMTS, AMTS
Depression and anxiety screening	